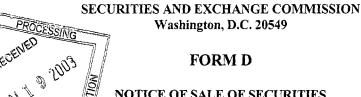
UNITED STATES

1122761



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR **UNIFORM LIMITED OFFERING EXEMPTION**



SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)									
8% Convertible Promissory Notes and Warrants									
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule :	506 Section 4(6) ULOE							
Type of Filing: New Filing	Amendment								
	A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the	e issuer								
Name of Issuer (check if this is an amen	dment and the name has changed, and indicate of	change.)							
Provis Corporation									
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
3989 Central Avenue Northeast, Suite 456	0, Minneapolis, MN 55439	(763) 781-0308							
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
(if different from Executive Offices)									
Brief Description of Business	Brief Description of Business								
The company is a software company participating in the Electronic Design Automation segment of the semi-conductor business.									
Type of Business Organization									
☐ corporation	limited partnership, already formed	other (please specify):							
business trust	limited partnership, to be formed								
	Month Year	AKOC 199E							
Actual or Estimated Date of Incorporation o		Actual Estimated							
-	Jurisdiction of Incorporation or Organization: [0 3 9 4] Actual Light Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: M N 20 2003								
CN for Canada; FN for other foreign jurisdiction)									
CENEDAL INCEDITORIC	<i>5. 3</i> ************************************	FINANCIAL							

GENERAL INSTRUCTIONS

Federal:

Who Must File All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of the corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer □ Director Promoter Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Davenport, Richard (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Check Box(es) that Apply: Beneficial Owner □ Executive Officer Director ☐ General and/or Promoter Managing Partner Full Name (Last name first, if individual) Campbell, Jason (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Beneficial Owner Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Williams, Thomas (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Lynch, Terese Business or Residence Address (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Johnson, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Fahlberg, John Business or Residence Address (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Check Box(es) that Apply: Executive Officer □ Director General and/or Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Johnson, Doug Business or Residence Address (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Atkinson, Kevin Business or Residence Address (Number and Street, City, State, Zip Code) 3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Fauchald, Phil

(Number and Street, City, State, Zip Code)

3989 Central Avenue Northeast, Suite 450, Minneapolis, MN 55439

B. INFORMATION ABOUT OFFERING													
1.	Has t	he issuer	sold, or do	es the issue	r intend to	sell, to nor	n-accredited	d investors	in this offe	ring?		Yes	No X
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
2.									2	5,000*			
				e Company		•	j					Yes	<u> </u>
3.		-		• •		ingle unit?					*******	🛛	
4.													
		-	me first, if	individual)			<u> </u>						
		ompany		OY 1	10:	<u> </u>	7: 0 1						
				s (Number 600, Minn			e, Zip Code	e)					
Nan	ne of A	Associated	l Broker o	Dealer				-					<u> </u>
				Has Solici									
•					-				*************				All States
[AL [IL] [M] [RI]	Γ]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name	(Last na	me first, if	individual)								 ,	
Bus	iness o	or Resider	ice Addres	s (Number	and Street	, City, State	e, Zip Code	e)		 			
Nan	ne of A	Associated	l Broker or	Dealer									
Stat	es in V	Vhich Per	son Listed	Has Solici	ted or Inter	nds to Solic	it Purchase	ers			 		
(Ch	eck "A	All States"	or check i	ndividual S	States)	•••••	•••••						All States
[AL [IL] [M] [RI]	Γ]]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	l Name	e (Last na:	me first, if	individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
				Has Solici					···				
(Check "All States" or check individual States)													
[AL [IL] [M] [RI]	[[]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AN	D USE OF PR	OCI	EDS	
ĺ.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price	e		Amount Already Sold
	Debt	\$	Offering Title	C	\$	Alleady Sold
	Equity	\$ -			\$ -	
	Common Preferred	Ψ-			Ψ	
	Convertible Securities (including warrants)	\$	700,000		\$	700,000
	Partnership Interests	\$			\$ _	
	Other (Specify)	\$ _			\$ _	
	Total	\$_	700,000		\$_	700,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero." Accredited Investors: Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE	- -	15 0		\$ \$ \$	700,000 0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T of			Dollar
	Type of Offering		Type of Security			Dollar Amount Sold
	Rule 505		Security		\$	7 tillount Sold
	Regulation A	-			\$ -	 -
	Rule 504	-			\$	
	Total	-		_	\$ _	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$ _	0
	Legal Fees			\boxtimes	\$ _	20,000
	Accounting Fees			$\overline{}$	\$	0
	Engineering Fees				<u> </u>	
				\square	\$ -	61,000*
				1XI	Ψ	61 0007
	Sales Commissions (specify finders' fees separately)			_		
	Other Expenses (identify) Total				\$ _	0

^{*} Plus a warrant to purchase 58,334 shares of the company's Series A Convertible Preferred Stock.

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPE	ENSES AND U	SE OF PROC	EEDS	
. •	b. Enter the difference between the aggregate off - Question 1 and total expenses furnished in r difference is the "adjusted gross proceeds to the	esponse to Part C - Question	1 4.a. This		\$	619,000
5.	Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the lepayments listed must equal the adjusted gross proc	amount for any purpose is neft of the estimate. The to	ot known,		_	
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		□ \$	0	□ \$	0
	Purchase of real estate		\$	0	_ _ _ \$	0
	Purchase, rental or leasing and installation of mach	inery and equipment	<u> </u>	0	\$	0
	Construction or leasing of plan buildings and facili	ties	□ \$	0	_ 🗆 \$	0
	Acquisition of other businesses (including the valu in this offering that may be used in exchange for the another issuer pursuant to a merger)	☐ \$	0	- □ s	0	
	Repayment of indebtedness		□ \$ □ \$		- ☐ \$	
	Working capital		□ \$ □ \$		- □	619,000
	Other (specify)		□ \$ □ \$		- ☐ \$	0
	Outer (specify)		_		_ 🗀 💃	
_			_	0	- s	
_			_	0	☐ \$	
_	Column Totals		s	0	□ ³	619,000
			L 3			
	Total Payments Listed (column totals added)			⊠ \$	619,00	
	<u>D</u>	. FEDERAL SIGNATUR	<u>E</u>		<u></u>	
foll	issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issuest of its staff, the information furnished by the issuest	suer to furnish to the U.S. Se	curities and Ex	change Commi	ission, upo	on written
Issu	er (Print or Type)	Signature		Da	ite	- /
Pro	vis Corporation	Dakard ()	iverat		June	<u>(6</u> , 2003
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type	e) /			
Ric	hard Davenport	President, Chief Executive	Officer			

<u> </u>	·	STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?									
	See Appendix, Column 5, for state response.									
2.	2. The undersigned issuer hereby undertakes to furnish to the state administrators of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.										
Issu	suer (Print or Type) Sig	gnature Date								
Provis Corporation		MURICIA IN MERAINA	e <u>/6</u> , 200	13						
Nai	ame of Signer (Print or Type)	Title of Signer (Print or Type)								
Ric	ichard Davenport Pr	President, Chief Executive Officer								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.